RECEIVED

2012 JAN 18 PM 4: 02

FEC MAIL CENTER

Committee Name:	TEO HAIL CLITTEN
Hispanic Vote Political Action Com	mittee
If registered, FEC ID:	
Today's Date:	
January 18, 2012	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Dennis J. Garcia

Treasurer

12030711012

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN 18 PM 4: 02

BECOMMU CENTER

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	and agreement of the second			
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ADDRESS (number and street)	[2,3,2,8, ,C,H,A	IM PILAIIN STRE	ET NW				
(Check if address	$S_{1}U_{1}I_{1}I_{2}E_{1}$ $Y_{1}O_{1}I_{1}$						
is changed)	[W.A.S.H.I.N.G.T	0,0	20009-18603				
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only o	ne e-mail address)	•				
(Check if address	DENNITISION	A R, C, I, A, @, M, A, C, . , C, C) _M , , , , ,				
is changed)							
COMMITTEE'S WEB PAGE AD	DRESS (URL)						
(Check if address							
is changed)							
2. DATE 0 1	8 / 20 12						
3. FEC IDENTIFICATION N	UMBER C						
4. IS THIS STATEMENT	NEW (N) OF	R AMENDED (A)					
I certify that I have examined th	his Statement and to the	best of my knowledge and belief	it is true, correct a	and complete.			
Type or Print Name of Treasure	DENNIS J	GARÇIA					
Signature of Treasurer	Dapi	Dacia	Date 0	18/2012			
NOTE: Submission of false, errone	-	ation may subject the person signing MATION SHOULD BE REPORTED \		ne penalties of 2 U.S.C. §437g.			
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)			

		OMMITTEE
Car	ıdidate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Can	e of didate	
	didate y Affiliat	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Cor	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Wo Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	V	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joir	nt Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/crganizations, at least one of which is an authorized committee of a federal candidate.
(h)	T. W.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Con	nmittees Participating in Joint Fundraiser
	1.	Region of specific and the control of the control o
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

٧	Vrite or Type Committee Name
	HISPANIC VOTE POLITICAL ACTION COMMITTEE
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
L	
L	
	Mailing Address
	CITY STATE ZIP CODE
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
•	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.
	Full Name [CR.A.N.D.A.C.L.N.U.C.K.O.L.L.S.]
	Mailing Address [M,C,K,E,N,N,A, ,L,O,N,G, ,\$, ,A,L,D,R,T,D,G,E, , , , , , , , , ,]
	[1,9,0,0, K, S,T,R,E,E,T, N,W]
	[W,A,S,H,I,N,G,T,O,N,] $[D,C]$ $[A,O,O,O,G]$ - $[I,I,O,8]$
	Title or Position CITY STATE ZIP CODE
	$ \begin{array}{c c} \hline C_1O_1U_1N_1S_1E_1L_1 & \hline \end{array} $ Telephone number $ \begin{array}{c c} \hline \Delta_1O_1\Delta_1- \boxed{4,9,6}- \boxed{7,5,0,0} \\ \hline \end{array} $
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).
	Full Name of Treasurer $[D_1E_1N_1N_1I_1S_1,J_1,[G_1A_1R_1C_1I_1A_1]]$
•	Mailing Address
	[S,U,I,T,E, ,4,0,1, , , , , , , , , , , , , , , , , ,
	W,A,S,H,I,N,6,T,0,N, D,C [3,0,0,0,9]-[8,6,0,3] CITY STATE ZIP CODE
1	Title or Position

Full Name of									
Designated Agent	LAUR	A, PRA	I'N'					1111	
Mailing Address		[2,3,2,8]	C, H,A, M, P, L, A	ITIN SITIR	E,E,T,	N.W.			1
-		SUITE	Y .O. I				1 1 1		
•			N, G, T, O, N,	<u> </u>	ID ₁ C	1 15	100	2.91-18.	<u> </u>
		11/1/2/11/4	CITY		STATE	يا ا		IL CODE	610
Title or Position		_							
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safety deposit bo			s or other depositorie	s in which the com	miliee depos	sils iuriu	15, 110ius	accounts, n	ens
Name of Bank, D	Depository, e								•
Name of Bank, E	•	etc.	v.E. O. R. G. E. T. (1.N.N.					
Name of Bank, D	•	tc. (, ,0,F, ,6	,E,O,R,G,E,T,C			<u></u>	1.1.1	<u> </u>	
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	•	tc. (, ,0,F, ,6	3,1,5,T, S,T						
	•	16. (, ,0,F, ,6 (1,0,5,4, (5,U,I,T,E	3,1,5,T, S,T				2, <i>0</i> , <i>0</i> , 0		0,4
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	<u>B.A.N.I</u>	16. (, ,0,F, ,6 (1,0,5,4, (S,U,I,T,E (W,A,S,H,I	.3,1,5,7, ,5,7 1,8, , , , , ,6,7,0,M		W				
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED